05683

STATE OF MARYLAND—CERTIFICATE OF DEATH

(92-d)

1. PLACE OF DEATH

County St Marys Registration Dist. No. 284

Village or City Charlotte Hall No. Rural St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Henry Wilson Burnham If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Burnham

6. DATE OF BIRTH (month, day, and year) Nov 1st 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	81	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Nathan Burnham

14. BIRTHPLACE (city or town) (State or country) Wash D C

MOTHER

15. MAIDEN NAME Louise Mudd

16. BIRTHPLACE (city or town) (State or country) Waldorf Md.

17. INFORMANT (Address) Harry Burnham Hughesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Old Fields Date 5/8, 1940

19. UNDERTAKER (Address) Elmer M. Trade Hughesville

20. FILED 5/7, 1940 Leon J Sachoran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan -1, 1939, to May 7, 1940

I last saw him alive on May 4th, 1940; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1938

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Leon J Sachoran M. D.

(Address) Charlotte Hall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

05684

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Wynne, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Wynne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Herman Joseph Campbell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1937

8. AGE: Years	Months	Days	If less than one day
2	11	9	hrs. min.

9. Birthplace Ridge Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Fairfax Campbell

13. Birthplace Wynne, Md

MOTHER 14. Maiden name Helena Hopewell

15. Birthplace Ridge, Md

16. Informant Fairfax Campbell

Address Wynne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 28, 1940 (month) (day) (year)

Cemetery or crematory St Peters Cemetery

Location Ridge, Md

18. Funeral director C. L. Robinson

Address Dameron, Md

19. May 28 1940 (Date rec'd by registrar) P J Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940 at 2:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from sudden death and attended

and that I last saw h alive on 19

Immediate cause of death	DURATION
Accidental drowning (fell with head into spring of water and was not found until he had drowned)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 27/40

Where did injury occur? Wynne (City or town), St Marys (County), Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell into spring of water Injured at work? no

23. SIGNATURE P J Bean MD M. D. or other

Address Great Mills, Md Date signed 5/27/40

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-2)

CERTIFICATE OF DEATH

05685

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St Marys
City or town near California
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St Marys
City or town near California Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Edward Combs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lucy Estell Abell
6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 26 - 1864

8. AGE: Years	Months	Days	If less than one day
76	5	23	hrs. min.

9. Birthplace St Marys Co Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Managing Farm
FATHER 12. Name Joseph L Clements
13. Birthplace St Marys Co Md
MOTHER 14. Maiden name Emily Whitmore
15. Birthplace St Marys Co Md
16. Informant Mrs Lucy Combs
Address California
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21 - 40 (month) (day) (year)
Cemetery or crematory St Johns Cemetery
Location near Hollywood
18. Funeral director Jos. L Mattingly
Address Leonardtown Md
19. 5/19 (Date rec'd by registrar) 19 40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1940, at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1934, to May 19th 1940, and that I last saw him alive on May 18th 1940.

	DURATION
Immediate cause of death Myocarditis & Chronic. Duration not stated.	
Due to Arterial Sclerosis	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A J Greswell M. D. or other
Address Leonardtown Date signed May 19 40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05686

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County St. Mary's
City or town Rural near Valley Lee
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Marys
City or town Rural near Valley Lee Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1 mile east of Valley Lee
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Walter A. Dailey

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Black	married

6 (b) Name of husband or wife Juniata Dailey
6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 58			hrs. min.

9. Birthplace Drayden Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Bob Dailey
13. Birthplace Drayden Md
MOTHER 14. Maiden name Martia Monroe
15. Birthplace Drayden Md
16. Informant Anetta Dailey
Address Valley Lee Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8 1940 (month) (day) (year)
Cemetery or crematory St. Mark Cemetery
Location Rural near Valley Lee
18. Funeral director P. D. Robinson
Address Leonardtown Md
19. May 6 1940 (Date rec'd by registrar) W. J. Ryan M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 6 1940, and that I last saw h— alive on May 5 1940.

Immediate cause of death Cerebral hemorrhage — DURATION 2 days
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE W. J. Ryan M.D. M. D. or other
Address Great Mills, Md Date signed May 6, 1940

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JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124b)

05687

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Marys

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St Marys Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Pearl near Callaway Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1½ miles north of Callaway, Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Maurice Plummer Evans

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lucy E Evans

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 12, 1883

8. AGE: Years	Months	Days	If less than one day
56	10	13	____ hrs. ____ min.

9. Birthplace Great Mills, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John B Evans

13. Birthplace Great Mills, Md

MOTHER 14. Maiden name Mary E Armsworthy

15. Birthplace Great Mills, Md

16. Informant Harry Dement

Address Callaway, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26, 1940 (month) (day) (year)

Cemetery or crematory Poplar Hill Cemetery

Location Valley Lee, Md

18. Funeral director Robinson Funeral Home

Address Leonardtown, Md

19. May 24 1940 (Date rec'd by registrar) O J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 19 1940, to May 25 1940, and that I last saw him alive on May 25 1940.

Immediate cause of death	DURATION
Cirrhosis of liver	5 years
Rheumatic Fever	10 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O J Bean MD M. D. or other

Address Great Mills, Md Date signed May 25/40

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05688

STATE OF MARYLAND—CERTIFICATE OF DEATH

Social Security # None

83a

1. PLACE OF DEATH

County St Marys Registration Dist. No. 254

Village or City Mechanicsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Goedring If U. S. Veteran, specify WAR

(a) Residence: No. Mechanicsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dont Know

6. DATE OF BIRTH (month, day, and year) Dont Know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Invalid

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. for 15 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Wager Goedring

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Louisa Brown

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT (Address) Edward Goedring Mechanicsville

18. BURIAL, CREMATION, OR REMOVAL

Place St Josephs Ch Date 5/8, 1940

19. UNDERTAKER (Address) Elmer M. Inade Hughesville

20. FILED 5/7, 1940 Lem J Hachorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1939, to May 6, 1940

I last saw him alive on May 5th, 1940; death is said to have occurred on the date stated above, at 11 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Levin J Hachorn M. D.

(Address) Charlotte Hall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05689

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH:

County St. Mary's

City or town Laurel Grove
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Laurel Grove Ward No. Md
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Graves

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	w	—

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8/40

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. min.

9. Birthplace Laurel Grove Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Albert Graves
13. Birthplace Laurel Grove Md

MOTHER
14. Maiden name Rose Kathleen Quade
15. Birthplace Laurel Grove Md

16. Informant Mrs Graves

Address Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/9/40 (month) (day) (year)

Cemetery or crematory Home Premises

Location Laurel Grove Md

18. Funeral director Albert Graves

Address Laurel Grove Md

19. 5/9 1940 Carnalin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased from~~ 19 , to 19 , and ~~that I last~~ saw him alive on Dead May 8 1940

Immediate cause of death Stillborn

Due to Premature Birth 4½ mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Carnalin
M. D. or other

Address Leonardtown Date signed 5/9/40

RECEIVED
JUN 4 1940
BUREAU V. S.

05690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr 10 mos

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Bushwood

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Garner Fennick Hill

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-1909

8. AGE:

Years	Months	Days	If less than one day
30	10	21	hrs. min.

9. Birthplace Hurry (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Stephen Richard Hill

13. Birthplace Maddox

MOTHER 14. Maiden name Charitanne Fennick

15. Birthplace Hurry

16. Informant Katherine Hurry

Address Hurry Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-21-40 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md

18. Funeral director Rose E. Welch

Address Chaptico Md

19. 5-20- 1940 (Date rec'd by registrar) Robt. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1940 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw him alive on 5-19- 1940

Immediate cause of death Heart attack Sudden

Due to Cause unknown

Due to no [illegible] 7 other illness

Other conditions

(Include pregnancy within 3 months of death)

DURATION 15 min

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robt. V. Palmer M. D. or other

Address Avenue Md Date signed 5-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05691

V. S. No. I

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (83:a)

County St. Marys Registration Dist. No. 293

Village or City Near Morganza No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Meyers Smith If U. S. Veteran, specify WAR

(a) Residence: No. Near Morganza St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Smith

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 3/20/40 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buddy Creek (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) " (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country) Md

17. INFORMANT John A. Smith (Address) Clements

18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph Date 5/22, 1940

19. UNDERTAKER P. B. Robinson (Address) Leonardtown, Md.

20. FILED May 20, 1940 L. B. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 1 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5/20/40
Other **Contributory Causes** of Importance: ✓	
Arterio-Sclerosis — Hypertension	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. B. Johnson M. D.

(Address) Morganza,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05692

CERTIFICATE OF DEATH

Reg. Dist. No. 28-2

1. PLACE OF DEATH:

County St. Mary's

City or town Loveville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County St. Mary's

City or town Loveville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Sommerville

3. (b) Social Security Number —

4. Sex M

5. Color or race Col

6.(a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1940

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Dillie Sommerville

13. Birthplace Loveville Md

MOTHER 14. Maiden name Susan Frederick

15. Birthplace Loveville Md

16. Informant Susan Sommerville

Address Loveville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/7/40 (month) (day) (year)

Cemetery or crematory Home Premises

Location M. Loveville

18. Funeral director Dillie Sommerville

Address Loveville

19. 5/7 1940 (Date rec'd by registrar) Cornelius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on dead May 6 1940

Immediate cause of death Stillborn

Due to

Due to Premature Birth (4 mon)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A Cornelius M. D. or other

Address Loveardtown Date signed 5/7/40

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JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

05693

Reg. Dist. No. 28

1. PLACE OF DEATH:
County: St Marys
City or town: Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: St Marys Hosp
Stay in hospital or inst. (yrs., or mos., or days): 2 days
Stay in this community (yrs., or mos., or days): 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: — County: —
City or town: — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Infant Spalding

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	—

6 (b) Name of husband or wife: —
6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 21st 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hrs. 2 min.

9. Birthplace: Leonardtown Md (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Francis Xavier Spalding
13. Birthplace: St Marys Co Md

MOTHER
14. Maiden name: Elizabeth Alice Thompson
15. Birthplace: St Marys Co Md

16. Informant: Francis X Spalding
Address: Hollywood Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof May 21 1940 (month) (day) (year)
Cemetery or crematory: St Johns Cemetery
Location: near Hollywood Md

18. Funeral director: Jos C Mattingley
Address: Leonardtown Md

19. 5/24 (Date rec'd by registrar) 19 40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1940 to May 21 1940, and that I last saw him alive on May 19 1940.

Immediate cause of death	Hystorea	
Due to	Size of baby	
Due to		
Other conditions		

DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J J Bramwell
M. D. or other
Address: Leonardtown Date signed May 21 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

05694

CERTIFICATE OF DEATH

Reg. Dist. No. 283

1. PLACE OF DEATH:
County St. Mary's County
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: St. Mary's Hospital Leonardtown
Stay in hospital or inst. (yrs., or mos., or days) 10 days
Stay in this community (yrs., or mos., or days) 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's Co.,
City or town Chaptico, Md., Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Lancaster Thomas

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
B (b) Name of husband or wife Effie L. Thomas
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 28 - 1875
8. AGE: Years 65 Months 2 Days 25 If less than one day hrs. min.
9. Birthplace Chaptico, Md.,
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name William Henry Thomas
13. Birthplace Chaptico
MOTHER 14. Maiden name Mary Ellen Quade
15. Birthplace Chaptico
16. Informant Wife - Effie Thomas
Address Chaptico, Md.,
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27 - 1940 (month) (day) (year)
Cemetery or crematory St. Josephs Cemetery
Location Morganza - Md.,
18. Funeral director Rose E. Welch F.D.
Address Chaptico Md.,
19. ~~40~~ May 26 19 40 (Date rec'd by registrar) R. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 7.15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May - 11 - 1940, to May 25 1940, and that I last saw him alive on May 24 1940.
Immediate cause of death Subdural Hemarrhage; meaning apoplexy, cwsR. — DURATION 5/11/40
Due to Arterial Hypertension
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Subdural Hemarrage

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Alaysius C Welch M D
M. D. or other
Address Chaptico Md Date signed 5/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JUN 5 1940
BUREAU V. S.

05695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 days

Stay in this community (yrs., or mos., or days): all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: St Marys Co

City or town: Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Eliza Thompson

3. (b) Social Security Number

4. Sex: female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: at 80 | Months: — | Days: — | If less than one day: — hrs. ____ min.

9. Birthplace: St Marys Co Md
(Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Jos. C. Mattingley

Address: Bristol Leonardtown

17. Our Lady's Chappell (Burial, cremation, or removal, which?) Date thereof: May 3-1940 (month) (day) (year)

Cemetery or crematory

Location: near Leonardtown

18. Funeral director: Jos C Mattingley

Address: Leonardtown Md

19. 5/2 1940 (Date rec'd by registrar) Carvalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2nd 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24th 1940, to May 2nd 1940, and that I last saw her alive on May 1st 1940.

Immediate cause of death: Burn

Due to: Fall against stove & ignition of clothing

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J F Greenwell M. D. or other

Address: Leonardtown Md Date signed: May 2nd 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M-)

ADDITION OF NAME OF INSTITUTION: MISSING. INF. FORM FILED
3-17-41 in perm.filed under THOMPSON. - L

RECEIVED
JUN 4 1940
BUREAU V. S.

05696

STATE OF MARYLAND—CERTIFICATE OF DEATH

(97)

1. PLACE OF DEATH

County St. Mary's. Registration Dist. No. 281

Village or City St. James. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Tolson If U. S. Veteran, specify WAR

(a) Residence: No. St. James, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Whalen

6. DATE OF BIRTH (month, day, and year): 1870

7. AGE: Years 70 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Kitchen

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: not learned

12. BIRTHPLACE (city or town): Not learned (State or country): Virginia

FATHER

13. NAME: Alec Tolson

14. BIRTHPLACE (city or town): Not learned (State or country): Not learned

MOTHER

15. MAIDEN NAME: Eliza

16. BIRTHPLACE (city or town): Not learned (State or country): Not learned

17. INFORMANT: Douglas Carrol (Address): St. James, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: St. James Cemetery Date: May 29, 1940

19. UNDERTAKER: E. L. Robinson (Address): Dunmore Md

20. FILED: May 29, 1940 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1940, to May 28, 1940

I last saw him alive on May 25, 1940; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Several years ago
Hypertension	

Other Contributory Causes of importance:

Uremia	ca 5/14/40

Name of operation: None Date of

What test confirmed diagnosis? clin. + lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN